

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Premiere Health

CASE NUMBER: 09-02016-ee For Period 9/1 to 9/30, 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/10/10  
(date)

Debtor(s)\*: Premiere Health, LLC

By:\*\* J. A. Lopez

Position: Liquidating Manager

Name of preparer: Chris Conley

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prescience Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month
CURRENT ASSETS:	7/31/10	8/31/10	9/30/10			
Cash.....	1,366,993	1,306,477	1,306,717			
Accounts Receivable, Net.....	300,077	305,785	304,895			
Inventory, at lower of cost or market.....						
Prepaid expenses & deposits.....	78,029	75,911	76,105			
Other .....						
TOTAL CURRENT ASSETS.....	1,745,099	1,688,403	1,687,717			
PROPERTY, PLANT & EQUIPMENT.....						
Less accumulated depreciation.....						
NET PROPERTY, PLANT & EQUIPMENT.....						
OTHER ASSETS						
<u>Deposits</u>	55,733	55,733	55,733			
TOTAL OTHER ASSETS.....						
TOTAL ASSETS.....	1,800,832	1,743,716	1,743,450			

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

COMPARATIVE BALANCE SHEET

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

ASSETS:

CURRENT ASSETS:

Cash.....\$  
Accounts Receivable, Net.....  
Inventory, at lower of cost or market.....  
Prepaid expenses & deposits.....  
Other Receivable from Sale of Assets

TOTAL CURRENT ASSETS.....

PROPERTY, PLANT & EQUIPMENT.....

Less accumulated depreciation.....

NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS  
Deposits

TOTAL OTHER ASSETS.....

TOTAL ASSETS.....

Filing Date	Month 12/31/09	Month 2/28/10	Month 3/31/10	Month 4/30/10	Month 5/31/10	Month 6/30/10
1,676,083	1,655,525	1,484,147	1,388,697	1,371,649	1,360,816	1,384,342
294,528	292,898	293,506	293,114	300,924	300,017	299,853
0	0	0	0	0	0	0
75000	84930	78400	79800	80398	76,636	77,273
19,656	19,656	19,656	19,656	0	0	0
2065267	2083009	1,875,729	1,781,267	1,752,971	1,737,529	1,761,468
0	0	0	0	0	0	0
56726	55733	55733	55733	55733	55733	55733
56726	55733	55733	55733	55733	55733	55733
2,121,953	2,138,742	1,931,442	1,837,000	1,888,704	1,793,262	1,817,201

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Accounts containing \$25,026 that related to funds received prior for payment of post-acquisition receivables into prevalence's account that is owed to Safe roads. The offset is in Accruals.

COMPARATIVE BALANCE SHEET

CASE NAME: Leona L. K. 211h 211c

CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month	Month
	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
ASSETS:						
CURRENT ASSETS:						
Cash.....	570,958	513,396	406,712	417,638	611,431	670,134
Accounts Receivable, Net.....	960,747	773,450	807,823	754,398	333,169	277,976
Inventory, at lower of cost or market.....	365,452	402,765	400,478	0	0	0
Prepaid expenses & deposits.....	118,110	170,837	139,466	122,958	820,944	82,448
Other <u>Receivable from Sale of Assets</u>				934,185	934,185	934,185
TOTAL CURRENT ASSETS.....	2019,337	1,860,452	1,754,419	2,249,179	1,980,929	1,984,743
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,096	0	0	0
Less accumulated depreciation.....	2744,328	2744,328	2744,328	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	141,769	141,769	0	0	0
OTHER ASSETS, <u>Deposits</u>	48,192	54,193	56,762	56,762	56,762	56,762
TOTAL OTHER ASSETS.....	48,192	54,193	56,762	56,762	56,762	56,762
TOTAL ASSETS.....	2209,793	2,041,771	1,927,447	2,305,941	2,037,691	2,041,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
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\* Adjustments from May 31 to June 9 are not available  
 Certain Assets of prevalence were sold effective 9/30/09. This amount  
 represents the monies due the seller from the buyer at closing on 9/30/09



COMPARATIVE BALANCE SHEET

CASE NAME: Pierlance Health  
CASE NUMBER: 09-02016-ee

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg.1 of 3).....  
Accounts payable (Form 2-E, pg.1 of 3).....  
Other: Misc Accounts

TOTAL POST-PETITION LIABILITIES:.....

PRE-PETITION LIABILITIES:

Notes payable - secured.....  
Priority debt.....  
Unsecured debt.....  
Other.....

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....  
Post filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Filing Date	Month 12/31/09	Month 1/31/10	Month 2/28/10	Month 3/31/10	Month 4/30/10	Month 5/31/10	Month 6/30/10
0	0	0	0	0	0	0	0
92,775	98,140	98,765	98,764	92,265	92,265	92,265	92,265
206,887	231,038	112,386	460,43	44,145	29,099	44,200	
299,662	329,178	211,151	144,807	136,410	121,364	136,465	
5,594,513	5,595,617	5,595,021	5,595,022	5,595,019	5,602,522	5,602,523	
5894,175	5924,825	5,906,172	5,739,829	5,731,429	5,723,886	5,738,988	
5,994,125				5,994,125			
(9,635,427)	5,994,125	5,994,125	5,994,125	5,731,429	5,994,125	5,994,125	
				(9,635,427)	(9,635,427)	(9,635,427)	
(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)				
(130,880)	(144,181)	(233,428)	(261,527)	(251,423)	(289,322)	(280,485)	
(3,772,182)	(3,786,093)	(3,874,730)	(3,902,829)	(3,927,725)	(3,930,624)	(3,921,767)	
2,121,993	2,138,742	1,931,442	1,837,000	1,808,704	1,793,262	1,817,201	

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month	Month
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09
LIABILITIES:						
POST-PETITION LIABILITIES:						
Taxes payable (Form 2-B, pg. 1 of 3)						
Accounts payable (Form 2-B, pg. 1 of 3)						
Other <u>Accrued Payroll Vacation</u>						
<u>Assoc. Acquisition</u>						
TOTAL POST-PETITION LIABILITIES:						
PRE-PETITION LIABILITIES:						
Notes payable - secured						
Priority debt						
Unsecured debt						
Other						
TOTAL LIABILITIES:						
EQUITY (DEFICIT)						
PREFERRED STOCK						
COMMON STOCK						
RETAINED EARNINGS:						
Through filing date						
Post filing date						
TOTAL EQUITY (NET WORTH)						
TOTAL LIABILITIES & EQUITY						

FORM 2-B  
Page 2 of 2  
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\* Adjustments from May 31 to June 9 are not available

PROFIT AND LOSS STATEMENT

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

	Month	Month	Month	Month	Month
	6/1/10-6/30/10	7/1/10-7/31/10	8/1/10-8/31/10		
NET REVENUE.....	0	0	0		
COST OF GOODS SOLD:					
Material.....					
Labor - Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:.....	0	0	0		
GROSS PROFIT:.....	0	0	0		
OPERATING EXPENSES:					
Selling and Marketing.....					
General and Administrative (rents, utilities, salaries, etc.).....	8,454	7,536	53,010	326	
Other.....					
TOTAL OPERATING EXPENSES.....	8,454	7,536	53,010	326	
INTEREST EXPENSE.....	883	423	0	0	
INCOME BEFORE DEPRECIATION OR TAXES.....	8,837	7,767	43,010	4326	
DEPRECIATION OR AMORTIZATION.....					
EXTRAORDINARY EXPENSES *.....					
INCOME TAX EXPENSE (BENEFIT).....					
NET INCOME (LOSS).....	8,837	7,767	43,010	4326	

\*Requires explanation in NARRATIVE (Form 2-F)



CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month
	12/10-12/31/10	1/10-1/31/10	2/10-2/28/10	3/10-3/31/10	4/10-4/30/10
NET REVENUE.....	0	0	0	0	0
COST OF GOODS SOLD:					
Material.....	33760	0	0	0	0
Labor - Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:	33760	0	0	0	0
GROSS PROFIT.....	0	0	0	0	0
OPERATING EXPENSES:					
Selling and Marketing.....	13,150	13,901	38,647	28,099	625
General and Administrative (rents, utilities, salaries, etc.).....					
Other.....					
TOTAL OPERATING EXPENSES.....	13,150	13,901	38,647	28,099	625
INTEREST EXPENSE.....	549	0	0	0	0
INCOME BEFORE DEPRECIATION OR TAXES.....	247,459	13,901	88,647	28,099	24,374
DEPRECIATION OR AMORTIZATION.....	0	0	0	0	0
EXTRAORDINARY EXPENSES *... Gain/Loss of Assets	0	0	0	0	0
INCOME TAX EXPENSE (BENEFIT).....	0	0	0	0	0
NET INCOME (LOSS).....	247,459	13,901	88,647	28,099	24,374

FORM 2-C  
1/08

\*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09	Month	7/1/09 - 6/30/09
NET REVENUE	1,234,205	1,136,933	1,051,684	986,153	49,570								
COST OF GOODS SOLD:													
Material													
Labor - Direct													
Manufacturing Overhead													
TOTAL COST OF GOODS SOLD:	1,028,341	948,373	880,562	816,815	31,379	61,225							
GROSS PROFIT:	205,864	188,560	171,122	69,338	18,191	1,225							
OPERATING EXPENSES:													
Selling and Marketing													
General and Administrative (rents, utilities, salaries, etc.)													
Other													
TOTAL OPERATING EXPENSES:	328,598	291,324	211,439	205,451	46,513	45,536							
INTEREST EXPENSE													
INCOME BEFORE DEPRECIATION OR TAXES:	1,491	1,488	615	287	202								
DEPRECIATION OR AMORTIZATION	1,122,734	1,104,255	1,411,805	1,136,728	1,228,609	1,244,513							
Gain on sale of assets	8765	8412	8240	7955	0	0							
EXPENSES													
INCOME TAX EXPENSE (BENEFIT)													
NET INCOME (LOSS)	1,131,499	1,112,667	1,50,045	255,967	1,664	1,444,513							

FORM 2-C  
1/08

\* Requires explanation in NARRATIVE (Form 2-F)  
\* Adjustments from May 31 to June 30 are not available  
(2) Effective 9/30/09, Company sold the majority of its assets. Amount of assets sold is not available.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period 9/1 to 9/30, 2010

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1,306,477
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 13321
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$( 13081 )
4. Net Cash Flow \$ 240
5. Ending Cash Balance (to FORM 2-B) \$ 1306717

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. <del>Trust Account</del> <u>DRP</u>	\$ <u>5</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>368272</u>	<u>Regions</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings) <u>Sales Proceeds</u>	\$ <u>938440</u>	<u>Regions</u>
7. Cash Collateral Account	\$	
8. Petty Cash	\$	
TOTAL (must agree with line 5 above) \$ <u>1306717</u>		

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less \*  
inter-account transfers & UST fees paid \$ \_\_\_\_\_

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED 4/30/10 5/31/10

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ <u>601,386</u>			
Total				
1st Quarter	\$ <u>1,864,702</u>	\$ <u>6,500</u>	<u>61434</u>	<u>4/20/10</u>
April	\$ <u>436,370</u>			
May	\$ <u>567,203</u>			
June	\$ <u>398,040</u>			
Total				
2nd Quarter	\$ <u>1,401,613</u>	\$ <u>6,500</u>	<u>61435</u>	<u>7/29/10</u>
July	\$ <u>149,406</u>			
August	\$ <u>87,482</u>			
September	\$ <u>13,035</u>			
Total				
3rd Quarter	\$ <u>249,923</u>	\$ <u>1,950</u>		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> *	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>448,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

\* Actually Paid 6,500

\* Actually Paid \$8,775 to make up for overpay in 2nd Qtr.

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 9/1 to 9/30, 2010

Account Name: Prevalence Health Inc Account Number: 0101894579

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

Total Cash Receipts

\$ 0

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 9/1 to 9/30, 2010

Account Name: Prevalence Health DRP Account Number: 0101894579

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
			Bank fees	\$46

Total Cash Disbursements \$ 46

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 9/1 to 9/30, 20 10

Account Name: Prevalence Health Asset Sale mtr Account Number: 0121078971

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
	Interest	5.00

~~See Attached~~

Total Cash Receipts \$ 5.00



CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 9/1 to 9/30, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale MM

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 9/1 to 9/30, 2010

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

*See Attached*

Total Cash Receipts \$ \_\_\_\_\_

## Prevalence Health LLC

### Cash Deposits

<u>Type</u>	<u>Date</u>	<u>Description / Source</u>	<u>Amount</u>
Deposit	9/1/2010	Insurance Reimbursement	\$212.51
Deposit	9/1/2010	Co-Pay	\$3.94
Deposit	9/2/2010	Insurance Reimbursement	\$3,070.84
Deposit	9/2/2010	Co-Pay	\$9.40
Deposit	9/2/2010	Co-Pay	\$40.00
Deposit	9/7/2010	Co-Pay	\$356.71
Deposit	9/8/2010	Insurance Reimbursement	\$24.83
Deposit	9/9/2010	Insurance Reimbursement	\$738.17
Deposit	9/9/2010	Co-Pay	\$50.40
Deposit	9/15/2010	Insurance Reimbursement	\$3.88
Deposit	9/16/2010	Insurance Reimbursement	\$3,736.99
Deposit	9/20/2010	Co-Pay	\$357.50
Deposit	9/20/2010	Co-Pay	\$57.04
Deposit	9/22/2010	Insurance Reimbursement	\$9.69
Deposit	9/23/2010	Insurance Reimbursement	\$2,498.11
Deposit	9/28/2010	Co-Pay	\$6.60
Deposit	9/30/2010	Insurance Reimbursement	\$2,139.52
			<u>\$13,316.13</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 7/1 to 9/30, 2010

Account Name: Prevalence Health Account Number: 900127799.3

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

*See Attached*

Total Cash Disbursements \$ \_\_\_\_\_

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

**Prevalence Health LLC**

*Cash Deposits Disbursements*

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Reason</u>	<u>Amount</u>
9/2/2010 9_2_10		Regions Bank	Bank Fees	(\$94.53)
9/7/2010 9_7_2010		SafeMeds Solutions	AR Reimbursement	(\$4,622.65)
9/9/2010 9_9_10		Regions Bank	Bank Fees	(\$285.19)
9/20/2010 9_20_10		Pitney Bowes-INTERNAL USE ONLY	SafeMeds Reimb	(\$200.00)
9/27/2010 9_27_10		SafeMeds Solutions	AR Reimbursement	(\$7,833.32)
				<u>(\$13,035.69)</u>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period 9/1 to 9/30, 2010

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

See Attached

**Prevalence Health, LLC**  
**Post Petition Accounts Payable**  
**September 30, 2010**

Vendor	Date	No.	Due Date	Age	Open Balance	Memo
Advocate Solutions	6/15/2009	2032	6/15/2009	442	\$664.00	120+
Williams Montgomery & John Ltd.	6/15/2009	155576	6/15/2009	442	\$2,749.36	120+
Westwood Square, P/S/P	6/20/2009		6/20/2009	437	\$250.00	120+
Hamilton Partners	6/20/2009		6/20/2009	437	\$14,769.94	120+
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	431	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	427	\$298.03	120+
Anda	7/1/2009	774707	7/1/2009	426	(\$48.43)	120+
Anda	7/1/2009	775310	7/1/2009	426	(\$47.54)	120+
Anda	7/2/2009	780875	7/2/2009	425	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	425	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	420	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	419	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Business Tax Rene	7/14/2009	413	\$45.00	120+
North Shore Gas	7/16/2009	6/12-7/14/09	7/31/2009	411	\$69.30	120+
Toyota Financial Services	7/17/2009	4000250558	8/9/2009	410	\$207.09	120+
Hamilton Partners	7/17/2009	090717-10786	7/17/2009	410	\$633.01	120+
Westwood Square, P/S/P	7/20/2009		7/20/2009	407	\$250.00	120+
Hamilton Partners	7/20/2009		7/20/2009	407	\$14,769.94	120+
Banc Of America Leasing	7/21/2009	11093620	8/15/2009	406	\$326.50	120+
Avaya, Inc.	7/26/2009	2729047343	7/26/2009	401	\$761.48	120+
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	397	\$69.26	120+
- No Vendor -	7/31/2009	854	7/31/2009	396	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	396	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	395	\$500.32	120+
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	390	\$1,135.03	120+
North Shore Gas	8/13/2009	7/14-8/12/09	8/28/2009	383	\$140.69	120+
Westwood Square, P/S/P	8/20/2009		8/20/2009	376	\$250.00	120+
Hamilton Partners	8/20/2009		8/20/2009	376	\$14,769.94	120+
Banc Of America Leasing	8/21/2009	11138583	9/15/2009	375	\$291.50	120+
Young Williams P.A.	8/24/2009	49592 Post - 1	10/23/2009	372	\$74.75	120+
Avaya, Inc.	8/26/2009	2729164647	8/26/2009	370	\$761.48	120+
Quill	8/28/2009	8951299	9/27/2009	368	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	6745198232	9/15/2009	365	\$298.03	120+
Aetna Maintenance, Inc.	9/1/2009	92762	10/1/2009	364	\$500.32	120+
CT Corporation	9/1/2009	2004471657-00	9/1/2009	364	\$1,620.00	120+
Quill	9/3/2009	9080458	10/3/2009	362	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	10/4/2009	361	\$1,608.16	120+
North Shore Gas	9/16/2009	8/12-9/14/09	10/1/2009	349	\$70.44	120+
Westwood Square, P/S/P	9/20/2009		9/20/2009	345	\$250.00	120+
Banc Of America Leasing	9/20/2009		10/15/2009	345	\$291.50	120+
Hamilton Partners	9/20/2009		9/20/2009	345	\$14,769.94	120+
Avaya, Inc.	9/26/2009	2729265177	9/26/2009	339	\$761.48	120+
Moore Wallace An RR Donnelley C	9/29/2009	873050230	10/29/2009	336	\$134.50	120+
Moore Wallace An RR Donnelley C	9/29/2009	169997267	10/29/2009	336	\$1,313.09	120+
Wells Fargo Financial Leasing	9/30/2009	6745237646	10/15/2009	335	\$298.03	120+

Avaya, Inc.	10/1/2009	2729282145	10/1/2009	334	\$264.42	120+
Aetna Maintenance, Inc.	10/1/2009	105711	10/31/2009	334	\$500.32	120+
ComEd- Commonwealth Edison	10/6/2009 9/4-10/6/09		11/5/2009	329	\$2,051.14	120+
North Shore Gas	10/14/2009 9/14-10/14/09		10/29/2009	321	\$287.75	120+
Sun Microsystems Global Financial	10/15/2009 591219022 1911		10/15/2009	320	(\$1,579.44)	120+
Westwood Square, P/S/P	10/20/2009		10/20/2009	315	\$250.00	120+
Machost Road LLC	10/20/2009		10/20/2009	315	\$1,600.00	120+
Hamilton Partners	10/20/2009		10/20/2009	315	\$14,769.94	120+
Banc Of America Leasing	10/21/2009	11226721	11/15/2009	314	\$291.50	120+
Wells Fargo Financial Leasing	10/30/2009	6745277684	11/14/2009	305	\$298.03	120+
City of Zachary	11/6/2009 02-00760402		11/26/2009	298	\$9.81	120+
Banc Of America Leasing	12/21/2009	11311429	1/15/2010	253	\$343.00	120+
Securian Retirement Services	1/1/2010 01012010/03312010		1/1/2010	242	\$571.00	120+
					<u>\$92,264.92</u>	



**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**September 2010**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	-
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	-
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>16,919.00</u>
Balance per GL	<u>16,919.00</u>
Difference	<u>-</u>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

## SUPPORTING SCHEDULES

For Period 9/1 to 9/30, 20 10

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

Prevalence Health, LLC  
Accounts Receivable Summary  
July 31, 2010

Receivable from:	Current	31-60	61-90	91-120	120+	Total
Insurance (Medicaid)	\$ -	\$ -	\$ -	\$ -	\$ 283,292	\$ 283,292
Patients (Co-Pay)	-	-	-	-	207,279	207,279
Total Accounts Rec	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 490,571</u>	<u>\$ 490,571</u>
Estimated Reserve	-	-	-	-	348,925	348,925
Insurance	0.25%	0.25%	2.0%	5.0%	50.0%	
Patients	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 490,571					
Deposits in NetSuite not ScriptMed						
Not in Amount Due SafeMeds						
Difference in MS Medicaid						
Rec Vs. Postad						
Adjusted AR per ScriptMed	490,571					
AR per GL	490,571					
Difference	-					

Y:\2010 Reconciliations\2010 AR Aging Analysis.xls

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

8/24/2010

**Prevalence Health**  
AR Aging - 7/31/2010

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
<b>Total</b>	<b>283,292.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>283,292.00</b>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period 9/1 to 9/30, 2010

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation				
General Liability				
Property (Fire, Theft)				
Vehicle				
Other (list):				
<u>D+D</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/11</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.



**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
Page 0  
1 of 1

**BUSINESS MONEY MARKET**  
July 1, 2010 through September 30, 2010

SUMMARY			
Beginning Balance	\$938,203.32	Minimum Balance	\$938,681
Deposits & Credits	\$0.00 +	Average Balance	\$938,681
Net Interest Earned	\$709.70 +	Annual Percentage Yield Earned	0.30%
Withdrawals	\$0.00 -	Interest This Period	\$709.70
Fees	\$0.00 -	Average Collected Balance	\$938,439.74
Automatic Transfers	\$0.00 +	2010 YTD Interest	\$4,383.54
Checks	\$0.00 -		
Ending Balance	\$938,913.02		

INTEREST			
07/30	Interest Payment		231.37
08/31	Interest Payment		246.85
09/30	Interest Payment		231.48
Total Net Interest			\$709.70

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
07/30	938,434.69	08/31	938,681.54	09/30	938,913.02

**AMENDMENT TO REGIONS FUNDS AVAILABILITY  
POLICY: DEPOSITS MADE BEFORE 4:00 P.M.  
(OR AT OTHER TIMES AS MAY BE DISPLAYED)  
ON A BUSINESS DAY THAT WE ARE OPEN WILL  
BE CONSIDERED TO BE DEPOSITED ON THAT  
DAY. OTHER NEW DEPOSIT AGREEMENT TERMS  
ARE ALSO IN EFFECT. GO TO  
REGIONS.COM/AGREEMENTS, VISIT ANY  
REGIONS BRANCH OR CALL 1-800-REGIONS  
FOR DETAILS OR A COPY OF TERMS.**

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or visit us on the Internet at [www.regions.com](http://www.regions.com).

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**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
PO BOX 321444  
FLOWOOD MS 39232-1444

ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
Page 0  
1 of 1

**COMMERCIAL ANALYZED CHECKING**  
September 1, 2010 through September 30, 2010

SUMMARY			
Beginning Balance	\$28.30	Minimum Balance	\$5
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$23.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$5.30		

FEES			
09/09	Analysis Charge	08-10	23.00

DAILY BALANCE SUMMARY					
<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
09/09	5.30				

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DAILY BALANCE SUMMARY

**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 9/30/2010**

ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	13,316.13
Cleared Checks and Payments	(18,797.42)
Total - Reconciled	(5,481.29)
Last Reconciled Statement Balance - 9/16/2010	377,106.10
Current Reconciled Balance	371,624.81
Reconcile Statement Balance - 9/30/2010	371,624.82
Difference	0.01
<b>Unreconciled</b>	
Uncleared	
Checks and Payments	(4,879.11)
Total - Uncleared	(4,879.11)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 9/30/2010	368,323.35



**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00032977 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 1 of 3

**COMMERCIAL ANALYZED CHECKING**

September 1, 2010 through September 30, 2010

**SUMMARY**

Beginning Balance	\$377,106.11	Minimum Balance	\$369,478
Deposits & Credits	\$13,316.13 +		
Withdrawals	\$12,750.50 -		
Fees	\$285.19 -		
Automatic Transfers	\$0.00 +		
Checks	\$5,761.73 -		
Ending Balance	\$371,624.82		

**DEPOSITS & CREDITS**

09/01	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	212.51
09/01	Merchant Service Merch Dep Health Allianc 8003547554	3.94
09/02	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100828	3,070.84
09/02	Merchant Service Merch Dep Health Allianc 8003547554	9.40
09/03	Merchant Service Merch Dep Health Allianc 8003547554	40.00
09/07	Merchant Service Merch Dep Health Allianc 8003547554	356.71
09/08	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	24.83
09/09	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100904	738.17
09/09	Merchant Service Merch Dep Health Allianc 8003547554	50.40
09/15	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	3.88
09/16	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100911	3,736.99
09/20	Merchant Service Merch Dep Health Allianc 8003547554	357.50
09/20	Merchant Service Merch Dep Health Allianc 8003547554	57.04
09/22	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	9.69
09/23	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100918	2,498.11
09/28	Merchant Service Merch Dep Health Allianc 8003547554	6.60
09/30	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100925	2,139.52
	<b>Total Deposits &amp; Credits</b>	<b>\$13,316.13</b>

**WITHDRAWALS**

09/02	Merchant Service Merch Fee Health Allianc 8003547554	94.53
09/07	Regions Bank Acct Trans MS364174656 Ccooley	4,622.65
09/20	Pitney Bowes Postage Debtor IN Poss 42908255	200.00
09/27	Regions Bank Acct Trans MS364174656 Ccooley	7,833.32
	<b>Total Withdrawals</b>	<b>\$12,750.50</b>

**FEES**

09/09	Analysis Charge 08-10	285.19
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**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
Page 1  
2 of 3

**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
09/10	61438	5,761.73			

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
09/01	377,322.56	09/09	376,610.54	09/22	374,813.91
09/02	380,308.27	09/10	370,848.81	09/23	377,312.02
09/03	380,348.27	09/15	370,852.69	09/27	369,478.70
09/07	376,082.33	09/16	374,589.68	09/28	369,485.30
09/08	376,107.16	09/20	374,804.22	09/30	371,624.82

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Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

Page 3 of 3

Prevalence Health LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61438

Pay to the order of \_\_\_\_\_ \$5761.73

ALL ENDORSEMENTS MUST BE MADE ON THE BACK OF THE CHECK

Signature: \_\_\_\_\_

MICR: @061538# 0065301500# 9301277993#

Check# 61438 09/10/2010 \$5761.73

JACKSON, MS 39201

LLC